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VIA FAX:  
(1 page) 1-571-273-8300

Application Number	10/829,265
Filing Date	4/22/2004
First Named Inventor	Patrice COHEN
Group Art Unit	
Examiner Name	ELKINS GARY E 1-571-272-4537
Attorney Docket Number	753-B01.US

☒ I hereby revoke all previous powers of attorney given in the above-identified application.

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<input checked="" type="checkbox"/> Firm or Individual Name	Patrice Cohen				
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I am the:

☒ Applicant

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

Patrice COHEN

Signature

Title and Company

Date

12/20/05

Note: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

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